

66-02-06

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28903 7590 03/03/2006

COOLEY GODWARD LLP
 ATTN: PATENT GROUP
 11931 FREEDOM DRIVE, SUITE 1700
 ONE FREEDOM SQUARE- RESTON TOWN CENTER
 RESTON, VA 20190-5061

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Sherry Duncan Bitler	(Depositor's name)
<i>Sherry Duncan Bitler</i>	(Signature)
June 1, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/770,166	01/26/2001	Karl Erich Fankhauser	019157-020	8088

TITLE OF INVENTION: METHOD AND APPARATUS FOR LOCATING AND EXCHANGING CLINICAL INFORMATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400	\$300	\$1700	06/05/2006			
EXAMINER	ART UNIT		CLASS-SUBCLASS					
KHATRI, ANIL	2191		706-050000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1. Cooley Godward LLP 2. _____ 3. _____							

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)
 California Healthcare Foundation, 476 Ninth Street, Oakland, CA 94607

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1283 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

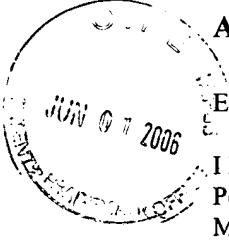
Date June 1, 2006

Typed or printed name Sean R. O'Dowd

Registration No. 53,403

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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 Attorney Docket No. QVDX-001/00US

PATENT

Express Mail Label Number: EV778910683US Date of Deposit: June 1, 2006

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Date: June 1, 2006

By: Sherry Duncan Bitler
Sherry Duncan Bitler

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of FANKHAUSER et al.

Confirmation No.: 8088

Serial No. 09/770,166

Examiner: A. KHATRI

Filed: 01/26/2001

Art Unit: 2193

FOR: METHOD AND APPARATUS FOR LOCATING AND EXCHANGING CLINICAL INFORMATION

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the above-identified application.

Issue Fee and Publication Fee of \$1,700.00
 Postcard

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

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Respectfully submitted,

COOLEY GODWARD LLP

By: _____
Sean R. O'Dowd
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